Filing at a Glance

Company: FirstComp Insurance Company

Product Name: Workers' Compensation Rule SERFF Tr Num: FICI-125247744 State: Arkansas

Adoption Filing

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-025681

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC-AR-07-02R State Status:

Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler, Brittany Yielding

Author: Julynda Bohlman Disposition Date: 08-06-2007

Date Submitted: 08-02-2007 Disposition Status: Approved

General Information

Project Name: Adoption of 02-AR-2007 Status of Filing in Domicile: Not Filed

Project Number: WC-AR-07-02R Domicile Status Comments:

Reference Organization: NCCI Reference Number: 02-AR-2007

Reference Title: Revision to Basic Manual Classification Code 2719- Advisory Org. Circular: AR-2007-06; AR2007-

Logging or Tree Removal; Certified Mechanized Harvesting Exclusively 08; AR-2007-09

Filing Status Changed: 08-06-2007

State Status Changed: 08-03-2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

FirstComp Insurance Company is filing to adopt NCCI's filed and approved 02-AR-2007--Revision to Basic Manual Classification Code 2719- Logging or Tree Removal; Certified Mechanized Harvesting Exclusively effective July 1, 2007 for new and renewal business.

Company and Contact

Filing Contact Information

Julynda Bohlman, Regulatory Compliance jbohlman@firstcomp.com

Analyst

222 South 15th Street (402) 943-1086 [Phone]

Omaha, NE 68102-1680 () -[FAX]

Filing Company Information

FirstComp Insurance Company CoCode: 27626 State of Domicile: Nebraska

222 South 15th Street Group Code: Company Type:

Suite 1200

Omaha, NE 68102-1680 (888) 500-3344 ext. [Phone] Group Name:

State ID Number:

FEIN Number: 43-1429637

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation: 1 filing x \$25.00

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

FirstComp Insurance Company \$25.00 08-02-2007 14935126

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08-06-2007	08-06-2007

Disposition

Disposition Date: 08-06-2007 Effective Date (New): 08-06-2007

Effective Date (Renewal):

Status: Approved

Comment: In Arkansas, all workers' compensation policies and rates are prior approval. An adoption of an NCCI Item

Filing cannot be made retroactive. This filing is approved on the date it was reviewed.

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property	/ &Approved	Yes
•	Casualty		
Supporting Document	NAIC Loss Cost Filing Document for	Approved	Yes
0	Workers' Compensation		
Supporting Document	NAIC loss cost data entry document	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Approved 08-06-2007

Property & Casualty

Uniform Transmittal Document-

Comments:

Satisfied -Name:

Attachment:

F777.pdf

Review Status:

Approved 08-06-2007

Bypassed -Name: NAIC Loss Cost Filing Document

for Workers' Compensation

Bypass Reason:

No rate impact

Comments:

Review Status:

Bypassed -Name: NAIC loss cost data entry document Approved 08-06-2007

Bypass Reason:

No rate impact.

Comments:

Property & Casualty Transmittal Document

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1.	1 . Reserved for Insurance Dept. Use Only			2. Insurance Department Use only							
				a. Date the filing is received:							
				b. Ana							
					position:						
					<u> </u>	osition of the f	iling:				
				e. Effe		e of filing:					
					New Bu	siness					
					Renewa	l Business					
			f. State Filing #:								
				g. SE	RFF Filin	g #:					
				h. Sul	oject Cod	es					
3	Group Name					<u> </u>		Group	NAIC#		
<u> </u>	n/a							n/a	117110 11		
4					Damialla	NIAIC #	1		C1-1- #		
4.	Company Name(s)				Domicile			EIN#	State #		
	FirstComp Insurance Compan	У			Nebrask	a 27626	43				
							14	29637			
	Commonwer Translation Newskar			WC 45	07.000		•				
ວ.	Company Tracking Number			WC-AR	2-07-02R						
	ntact Info of Filer(s) or Corpo		r(s)	_							
6.		Title			one #s	FAX#			mail		
	Julynda Bohlman			-	43-1086	,		jbohlman@firstcom			
	Central Park Plaza South 222 South 15 th St., Ste 1200			or (000) 5	00-3344		þ	p.com			
	Omaha, NE 68102-1680	Analyst II		x1086	000-3344						
7											
	7. Signature of authorized filer			Julyada Pohlman							
	8. Please print name of authorized filer Julynda Bohlman										
	ng information (see General I	nstructions							=		
	9. Type of Insurance (TOI) 10. Sub-Type of Insurance (Sub-TOI)			6.0 Workers' Compensation 6.0000 WC Sub-TOI Combinations							
	. State Specific Product code(s) (if		10.	TO. COCCO TVO OUD TOT COMBINATIONS							
• • • •	applicable)[See State Specific Req	• • •									
12.	Company Program Title (Mai		n/a								
	13. Filing Type		☐ Rate/Loss Cost ☒ Rules ☐ Rates/Rules								
				Forms		ination Rates	/Rule	es/Form	S		
			☐ Withdrawal ☐ Other (give description)								
	` ' '			New: 07/01/07 Renewal: 07/01/07							
	<u> </u>			∑ Yes ☐ No							
	<u> </u>		NCCI 02-AR-2007—Revision to Basic Manual Classification								
17.	Reference Organization # &	ı itle									
			Coo		9-Loggin	•		emoval;	Certified		
10				Mechanized Harvesting Exclusively 08/02/07							
				Not Filed							
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Property & Casualty Transmittal Document—

20	This filing transmittal is part of Company Tracking	g # WC-ΔR-07-02R
20.	i i i i i i i i i i i i i i i i i i i	

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

FirstComp Insurance Company is filing to adopt NCCI's filed and approved 02-AR-2007Revision to Basi Manual Classification Code 2719- Logging or Tree Removal; Certified Mechanized Harvesting Exclusivel effective July 1, 2007 for new and renewal business.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT Amount: \$25.00

1 Rule Filing x \$25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)